

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-1018378
(10 ACCOUNTS)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DER.
1	/					
2	/					
3	/					
4	/					
5	/					
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TOTAL IND.	3					
TOTAL DEP.	11					
TOTAL CLAIMS	14					

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IND.	DER.	IND.	DER.	IND.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS